

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18322**

FILED JUL 11 1955

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 586	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 10 DAYS		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL				f. STREET ADDRESS (If rural, give location) 1927 MT. VERNON			
3. NAME OF DECEASED (Type or Print) MICHAEL		a. (First)		b. (Middle) O'LEARY		c. (Last)	
4. DATE OF DEATH JULY 1 1955		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JUNE 27 1874		9. AGE (in years last birthday) 81		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY SALESMAN		11. BIRTHPLACE (City and State or Foreign Country) COUNCIL BLUFF, IOWA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MICHAEL O'LEARY		13b. MOTHER'S MAIDEN NAME CATHERINE REARDON		14. NAME OF HUSBAND OR WIFE ANNA O'LEARY (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. BRYAN ROSENBERG SPRINGFIELD, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of rt hip				INTERVAL BETWEEN ONSET AND DEATH 3 day 2 Weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 20, 1955 , to July 1, 1955 , that I last saw the deceased alive on July 1, 1955 and that death occurred at 1 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Carol W. Russell M.D.		(Degree or title)		23b. ADDRESS 1451 S. National		23c. DATE SIGNED 7-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/3/55		24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.	
DATE REC'D BY LOCAL REG. 7-5-55		REGISTRAR'S SIGNATURE Edith Williamson		FEDERAL DIRECTOR'S SIGNATURE W. J. ...		ADDRESS SPRINGFIELD, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed *H. L. McCann*

Licensed Embalmer No. *272*

P. O. Address. *Springfield*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

If this body is, not embalmed, fact should be so stated above.